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April / 2015

President's Message

Greetings New Mexico HFMA Chapter,

It was great seeing everyone at our Spring Conference on April 10th. We had a top notch line up of speakers and I want to personally thank them for their support. Our speakers included Sheri Milone, CEO of Lovelace Women's Hospital who brought us up to date will all of the wonderful things her facility is doing. Following Sheri was Jeff Dye, President & CEO New Mexico Hospital Association, bringing us valuable information from the last legislative session in regards to Healthcare. We were honored to have Jim Hinton, President & CEO of Presbyterian Healthcare Services, talk to us in regards to the future of Healthcare. Our payer panel was a huge success! We had high level representation from BCBS of New Mexico, Presbyterian Health Plan, United Healthcare and Molina. We are planning on having a payer panel as part of every conference going forward to keep the momentum going. The day ended with presentations by Dr. Martin Hickey, CEO of New Mexico Healthcare Connections and Linda Wedeen, Director of Communications and Outreach from the New Mexico Health Insurance Exchange. Dr. Hickey is always willing to present for us and we learn something new from him each time. We are already planning our big fall event to include many surprises for everyone and of course CPE credit. I would also like to thank our Annual Sponsors and the sponsors at our Spring Conference! We would not be able to put on these events if it was not for their help!



I would like to take this opportunity to personally thank our board members for the 2014-2015 year. These individuals put in countless volunteer hours of their own time for your chapter. Their expertise, enthusiasm and commitment are irreplaceable.

President-Elect	Eric Burgmaier	Sponsor Chairs	Abigail Gonzales Kitty Leslie
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Treasurer	Purvi Moody	Director	Janet Pacheco-Morton
Past-President	Brad Cook	Director	Renee Ennis
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Certification Chair	Josh Trujillo, CHFP		

Our new NMHFMA membership and fiscal year begin on June 1st. We will have new officers and will be setting up committees for the upcoming year. If you are interested in becoming more involved in the chapter, please reach out to any of the board members listed above. We welcome your involvement. We have many committees to be involved in which include Program, Sponsorship, Membership, Certification, and Newsletter. You as a member are always welcome to submit an article for the newsletter, post a job on our website, and submit topics and speakers for

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conferences.

Finally, I would like to thank you, our members! We are 4 members away from making our membership goal for the year and I attribute that success to our educational programs! Please remember all of the benefits HFMA has to offer. When you become a member, you are a member of both National HFMA and the NMHFMA. Education, networking and certification are 3 great reasons to join!

Just a reminder that the Region 10 conference will be held in Colorado Springs August 12th through August 14th. HFMA Region 10 represents chapters from Arizona, Colorado, Idaho, Montana, New Mexico, Utah and Wyoming. Mark your calendars and plan to join us for this exciting bi-annual conference which provides exceptional education and networking opportunities. The conference will be held at the beautiful Cheyenne Mountain Resort in Colorado Springs, CO. Come for the quality educational programming and stick around to enjoy colorful Colorado!

Rooms are available at \$169 per night plus applicable taxes and fees. Conference rates will be honored 3 days prior to the conference and 3 days after. Stay and enjoy all that the area has to offer.

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Please note that the HFMA certification program is changing beginning June 1st. Please pay special attention to the article later in this newsletter regarding the changes.

Have a safe and fun summer!

Julie Nickerson
New Mexico HFMA Chapter President

Patient-Friendly Billing: Creating a Positive Feedback Loop that Benefits Patient and Provider

Patient billing traditionally hasn't been a focal point for customer service efforts in healthcare. But that's changing today as organizations pursue the benefits of a more patient-friendly billing experience.

Improving the patient side of revenue cycle management can strengthen customer satisfaction, contribute to performance bonuses, increase loyalty and generate new referrals. It can also reduce bad debt by improving the odds that self-pay balances will be collected in a timely fashion.

Strategies for developing patient-focused billing involve improved communications, simplified statements and providing a single point of contact for billing issues. Even seemingly minor tweaks like reducing customer hold time can have a dramatic impact on customer perceptions, studies show.

Customer satisfaction takes center stage

Customer satisfaction has emerged as a key component in the Patient Protection and Affordable Care Act's (ACA) overall push to improve healthcare quality. Today, customer satisfaction data collected through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is used to help calculate performance bonuses and penalties developed under the Center for Medicare & Medicaid's (CMS) Hospital Value-based Purchasing Program.[1]

Patient satisfaction scores also figure prominently in CMS' Accountable Care Organization quality measurement efforts, as well as the physician performance bonuses and penalties implemented through the Physician Quality Reporting System (PQRS).[2]

Beyond supporting these reform-driven programs, positive customer experience scores

generate dividends in their own right. The continued growth of high-deductible health plans means that consumers increasingly are shopping for care based on both cost and perceived value.

As a result, the ability to promote customer satisfaction represents another way for providers to differentiate themselves in a competitive environment. A positive billing experience can generate word-of-mouth referrals and positive customer feedback on social media sites. Significantly, a 2013 survey conducted by Connace found that 88% of patients with highly positive billing experiences would recommend a hospital to friends.[3]

And as patient financial responsibilities increase due to high-deductible plans, strengthening effective patient communications also can translate into accelerated cash flow. That means reduced days in A/R, reduced collection expense and less bad debt. According to a 2014 survey by TransUnion, 75% of responding patients stated that pre-treatment estimates of out-of-pocket costs would improve their ability to pay for healthcare.[4]

Communication key to patient-friendly billing

Effective communications about a patient's financial obligations - provided both before and after the episode of care - are at the heart of a customer-friendly billing process.

Organizations should make every effort to develop a system that can give patients an accurate estimate of their total out-of-pocket expense at the time of registration or procedure check-in. Patients who may have difficulty immediately paying their entire balance should be given the opportunity to make installment payments over time.

Additionally, statements submitted after care should be clearly written and concise. Whenever possible, the balances due from all providers involved in a care event should be consolidated into a single, easily understood statement.

While many organizations may not yet be sufficiently integrated to offer this service, they should nonetheless work with their care partners to determine how such a statement could be produced. A consolidated statement is critical, since multiple bills for what the patient rightly views as a single episode of care can confuse and frustrate customers and lead to slow or no pay.

Patient-friendly billing can be further enhanced by providing a dedicated customer service contact for patient questions about billing issues. The ability for patients to connect with a specific individual conversant in all financial aspects of their care should help reduce consumer frustration and ill-will. This level of service can be taken a step further if the billing representative offers to contact insurance providers, healthcare providers, healthcare facilities or government agencies on the patient's behalf.[5]

Best practices from remote call centers

Since telephone conversations are the primary method for communicating with patients about financial matters, setting the groundwork for a positive phone experience from the consumer's perspective is critical. In fact, a study by Frost & Sullivan Research suggests that being on hold for an extended period of time is one of the primary causes of customer dissatisfaction. Moreover, it can take only two negative phone experiences for a consumer to develop a diminished opinion of the service provider.[6]

To meet the challenge of prompt, personable and knowledgeable communications, organizations may wish to contract with a dedicated outsourced call center. Call centers focused specifically on revenue cycle issues can provide detailed information regarding co-pays, dates of service and amounts due, and also work with patients to develop workable plans for paying down balances. Additionally, qualified centers offer a scalable solution that can be ramped up as patient volume increases.

Fostering loyalty and goodwill to boost referrals

As a patient's healthcare financial obligations increase, their interactions with billing personnel carry an ever-greater weight. For many, perceptions formed during these encounters can have a major, if not decisive, impact on the way the overall organization is viewed.

For that reason, it is critical that providers work to develop truly customer-friendly billing services. By reducing wait times, empowering dedicated, knowledgeable personnel, offering payment flexibility and creating easy-to-understand statements, providers will foster loyalty and goodwill.

These positive feelings not only improve the likelihood of return business, but also boost the prospect of referrals and beneficial social media reviews. Affirmative patient feedback, in turn, supports quality scores that can produce performance bonuses.

Finally, reasonable billing procedures and accessible, respectful billing personnel can help strengthen cash flow, reduce collection costs and cut bad debt. All told, patient-friendly billing is a positive feedback loop that - once in place -- can continue to generate key benefits for both consumers and healthcare organizations for years to come.

Randy Blue M.Ed, CRCC, is an Executive Director with McKesson's Business Performance Services division. Randy is located in Seattle, WA and has over 25 years experience in sales and marketing, specifically in the healthcare space. Randy is committed to helping health systems and physician organizations manage the rapidly evolving healthcare landscape to improve business performance.
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Welcome to the Members who have Recently Joined the New Mexico Chapter

- **Kim R Byrd**
CBO Director
San Juan Regional Medical Center
- **Tina Cleveland**
President
Medical Practice Solutions
- **Angeline Christine Delucas**
Assistant Professor
College of Nursing, University of New Mexico
- **Kent C. Gordon**
Chief Finance Officer
TriCore Reference Laboratories
- **Cody J. Hockstra**
Manager- Ambulance Revenue Cycle
Presbyterian Healthcare Services
- **James Patrick Hoy**

Chief Financial Officer
Hidalgo Medical Services

- **Jennifer N. Padilla**
Financial Analyst
New Mexico Health Connections
- **Ryan O. Stevens**
Sr. Director, Patient Support Services
UNM Hospitals

Changes to HFMA's CHFP Certification Program

HFMA's strategic vision characterizes the current healthcare business environment as the transformation of care to achieve value. Providers, physicians, and payers are all confronted with new business challenges. The nature of the business environment and its impact on industry stakeholders supply both the demand for and elements of a new approach to the CHFP.

New CHFP program features

- * A learning program designed to build comprehensive industry understanding and sharpen business skills;
- * Two-module structure: 1) Achieving Strategy: the Business of Healthcare 2) Operational Excellence: Healthcare Industry Stakeholder's Business Challenges;
- * CHFP designation earned by successful completion of both modules;
- * Online study materials created specifically to assist in mastering the business content.

Why is the certification program changing?

The healthcare reform environment has caused the industry's key stakeholders-providers, payers and physicians-to fundamentally rethink existing business models. Care transformation is business transformation. The necessary success factor for finance professionals today: Change-oriented business acumen. The existing certification program focuses narrowly on applied finance and financial reporting and does not address the business environment.

CHFP Program Important Dates:

April 30, 2015 - Current CHFP exam registration ends

- * You may register for the current CHFP exam prior to April 30. You have one year from the date of registration to schedule your exam. For example; if you register in March 2015 you will have until March 2016 to schedule your exam. Also, if you need to retake the exam, the current exam will be available to you for as long as you need (based on current registration, scheduling, and retake policy).

May 1, 2015 - New CHFP program pre-registration available

- * Pre-registration allows interested members to email HFMA. HFMA will email members as soon as the link to purchase and more information about the new program is available.

June, 2015 - New CHFP program registration available.

CHFP Program - Transition Groups

For members who are currently pursuing certification and have begun actively preparing for the exam, or have been through a chapter certification webinar series or practicum study group, HFMA encourages continuing with the current process.

Current CHFP candidates can choose, at no additional cost, either to continue the traditional CHFP program or to wait until June 2015 to pursue the revised certification. These options are open to those who have:

- * Purchased the self-study course since January 2014, whether they have completed it or not.
- * Registered and paid for the CHFP exam via Castle since February 2014 (but not yet scheduled).
- * Registered, paid for, and scheduled the CHFP exam via Castle since February 2014

(but not yet taken).

Note: Members who may have been unsuccessful and are waiting to retake the current CHFP examination are not eligible.

Candidates must choose one of these options by April 30, 2015 and notify Career Services at careerservices@hfma.org. HFMA will provide the complete revised CHFP program (Modules 1 and 2) at no cost to all those who have purchased the CHFP self-study course and/or registered for the exam, as outlined above.

For members interested in certification who have not yet begun preparing, HFMA encourages that they wait and use the new materials available in summer 2015 to prepare for the new CHFP.

Questions? Please contact careerservices@hfma.org or call (800) 252-4362 and ask for career services.

Proper Physician Documentation: More than Just Your Bottom Line

Physician documentation in the medical record helps provide the cornerstone of medical necessity that not only can help validate the level of patient care provided, but also help to ensure proper reimbursement to the hospital.

An increase in denials by Recovery Auditors (RAs), Medicare Administrative Contractors (MACs), Commercial Payers and others have propelled documentation into the spotlight as a critical part of the equation.

The Benefits

I highly doubt that anyone would argue that accurate and complete physician documentation is essential, but there are definitely a number of clear cut benefits - beyond helping to ensure proper reimbursement is received from cases submitted.

Quality of Care. Increased quality tops the list of benefits that comes to mind. A 2008 *Archives of Internal Medicine*^[1] article indicated that "medical records for patients with NSTEMI often lack key elements of the history and physical examination. Patients treated at hospitals with better medical records quality have significantly lower mortality ... (and) the relationship between better medical charting and better medical care could lead to new ways to monitor and improve the quality of medical care." The article also points out that patients cared for at hospitals that had better medical recordkeeping experienced lower in-hospital mortality compared to patients who did not have this experience.

Increased Patient Safety. Although not as noticeable a benefit at first, patient safety and the quality of physician documentation within the medical record can run hand in hand. According to a recent study published in the September 2013 issue of the *Journal of Patient Safety*^[2], between 210,000 and 440,000 patients each year who go to the hospital for care suffer some type of preventable harm that contributes to their death. Staggering numbers, such as these, can help stress the need for better documentation to provide a clear picture of the care provided.

Increased Accuracy and Specificity. A third notable benefit as the result of proper physician documentation is the increase in accuracy and specificity within the medical record. In addition to this, timeliness of the information recorded tends to lead to higher accuracy within documentation. With increased proficiency in accuracy and specificity from better documentation comes a better description of services provided to the patient. This outcome can also lead to an increase in quality scores - the higher the quality scores, the more of a reflection of patient acuity. This can have collateral benefit to 30 day risk adjusted mortality and readmission rates amongst some other metrics being measured.

Potential Roadblocks

Although improvements to the physician documentation process have evolved over the years, the road traveled has been a rocky one, to say the least - with some even

claiming that documentation has even deteriorated the more it progresses.

Among these factors, two stand out as the prime culprits impacting physician documentation: the emergence of the electronic medical record (EMR) and the uneasy transition from a source-oriented record to a problem-oriented record.

Electronic Medical Record. The future of EMR holds so much promise that, according to *The New York Times* [3], "the federal government is spending more than \$22 billion to encourage hospitals and physicians to adopt electronic health records." But the problems can start basically from the planning stage, as EMRs are typically designed by non-clinicians - i.e., programmers who are not as familiar with how hospitals and clinicians actually function.

As reported in the Times article, "cutting and pasting" (C&P), commonly referred to as "copy forward," may allow for "information to be quickly copied from one portion of a document to another, as well as reduce the time that a doctor spends inputting recurring patient data," but it also leaves the window open to potential fraud. In an effort to cut down on C&P abuse by physicians who are performing less work than they actually bill, the Office of the Inspector General (OIG) has named the issue of cloning in the medical record as a priority in 2015, the Times reported.

To further muddy the concerns on documentation, the EMR is limited in providing the opportunity for physicians to include their own thoughts and comments. So much within the record is a template, a checkbox, etc., which prevents physicians from documenting their impressions, assessments and courses of action for the patient.

Problem-Oriented Record. The creation of the problem-oriented medical record (POMR) by Dr. Lawrence Weed in the late 1960s provided a disciplined approach for physicians to include proper documentation in the medical record. Through POMR, Weed created the SOAP note (an acronym for "Subjective, Objective, Assessment, Plan"), which gave physicians a structured approach to gathering and evaluating the volumes of information contained in the medical record and provided them with an avenue to better communicate with each other.

Over the years, physicians have essentially abandoned the fundamentals of the SOAP approach to the more straight-forward, but not necessarily well-rounded "Problem List" approach. But in order for this transition to be effective, physicians must be able to successfully address all of the following factors:

- * The problem list was actually designed to help with treatment progress. Many times, the initial problem list is copied and pasted, unchanged, from one day to the next with no original thought or comment. This practice can present challenges for Utilization Management, coding, discharge planning, as well as others.
- * The problem list may not adequately express the physician's concerns for what is actually going on with the patient.
- * The problem list may not connect the risks and acuity with which the patient presents.

The Importance of Quality

Physicians need to lead the charge in documentation improvements in the medical record. As budgets get tighter and resources become fewer, one misconception rears its ugly head - that hospitals are forcing improvements in this area solely to benefit coding and help increase revenue. As a matter of fact, it's just the opposite. Medicare actually encourages hospitals to improve their coding to support proper reimbursement, which may be higher or lower based on the documentation, but also for better reflection of the patient acuity. This improved accuracy can only increase cost measures, such as the case mix index (CMI), over time, as well as the previously mentioned quality scores. Accurate and specific documentation may also favorably impact audit findings and prevent reimbursement delays or take backs, due to incorrectly denied hospital and physician claims.

Better documentation can benefit both hospitals and physicians through quality scores that are now readily available in publicly recorded data, such as Healthgrades. The road to improved physician documentation has not been without its bumps and curves

over the years, but physicians remain on the front line of this issue, and need to take an active part in ensuring that the quality and thoroughness of their documentation stands as a true record of the care provided.

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